Delbert Hosemann SECRETARY OF STATE

UCT 0 5 2010 **ELECTIONS DIVISION** SECRETARY OF STATE

Name of Committee Committee To Elect Jeff Weill Address P.O. Drawer 12753, Jackson, MS 39236 Telephone 601-354-4926 Fax 601-354-4947 DAME STOWNE Treasurer Walter Murphy Email wnmurphy2@comcast.net Check here if above is different from previous report TYPE OF REPORT November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 6,250.00 +\$ 3,500.00	\$ 9,750.00	\$ 99,458.37
Total amount of disbursements	\$ 21,875.89+\$ 350.35	\$ 22,226.24	\$ 43,110.53
Total amount of cash on hand		\$ 56,347.84	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

half Nufy Signature of Director or Treasurer

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Committee to Elect Jeff Weill

Reporting period 7-1-2010

through ___

A. Source: Corporation PAC Andividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of eac receipt this period
Mike Ulmer Malling Address	<u>_7/7_/_10</u>	
431 Northpointe Pkwy.		\$
City, State, Zip Code Jackson, MS 39211	11	\$
Name of Employer (Required) Watkins Eager		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each
Scott Andress Mailing Address	8_/23/10	\$ 250.00
758 Arlington Street		\$
City, State, Zip Code Jackson, MS 39202		\$
Name of Employer (Required) Balch & Bingham		\$
Occupation (Required) ALLOTTIEV	Aggregate year-to-date	\$ 250.00
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Armin Moeller, Jr.	8 / 23 / 10	\$ 250.00
346 St. Andrews Drive	_'_'_	\$
Jackson, MS 39211		\$
Balch & Bingham		\$
Attorney	Aggregate year-to-date	\$ 250.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Bary Herring alling Address	8 / 23 / 10	500.00
84 Dogwood Place		5
Lowood, MS 39232 ame of Employer (Required)	''	;
First Presbyterian Day School		
leadmaster	Aggregate \$	

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Name of Candidate or Committee ___

Committee to Elect Jeff Weill

Reporting period 7-1-2010

_through ____9-30-2010

A. Source: Corporation PAC individual Loan Other (please specify)	Date (Mo., Day, Year	Amount of eac receipt
Full name		this period
Mrs. Scott Miller Malling Address	917110	
204 St. Andrews Drive City, State, Zip Code	''	\$
Jackson, MS 39211 Name of Employer (Required)		\$
Information requested Occupation (Required)	11	\$
Information requested	Aggregate year-to-date	\$ 500.00
B. Source: Corporation XPAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Haley Barbour, PAC	9 / 13/ 10	\$ 500.00
P.O. Box 1186		\$
City, State, Zip Code Jackson, MS 39215		\$
Name of Employer (Required) N/A		\$
Occupation (Required) N/A	Aggregate year-to-date	\$ 500.00
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
John Crawford	9 / 27/ 10	\$ 250.00
2434 Culleywood Drive		\$
Jackson, MS 39211		\$
Butler, Snow		\$
	Aggregate	\$ 250.00
Attorney	year-to-date	2000
Source: Corporation PAC Individual Loan Other (please specify)		Amount of each receipt
Source: Corporation PAC Mindividual Loan Other (please specify) eslie Lampton	year-to-date Date (Mo., Day, Year)	Amount of each
Attorney Source: Corporation PAC Mindividual Loan Other (please specify) Ill name eslie Lampton Siling Address P.O. Box 2401	Date (Mo., Day, Year) 9_/27/10	Amount of each receipt this period
Attorney Source: © Corporation □ PAC M Individual □ Loan □ Other (please specify) □ Ill name □ eslie Lampton □ Box 2401 by, State, Zip Code □ ackson, MS 39225	year-to-date Date (Mo., Day, Year) 9_/27/10 /_//	Amount of each receipt this period
Attorney Source: © Corporation □ PAC M Individual □ Loan □ Other (please specify) □ Ill name □ eslie Lampton □ Box 2401 by, State, Zip Code	year-to-date Date (Mo., Day, Year) 9/27_/10 //	Amount of each receipt this period \$ 500.00

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Name of Candidate or Committee Committee to Elect Jeff Weill

Reporting period 7-1-2010

_through ____9-30-2010

A. Source: Corporation PAC Andividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Robert Lampton Mailing Address	9 127 110	\$ 500.00
P.O. Box 2401	_/_/_	\$
City, State, Zip Code Jackson, MS 39225		\$
Name of Employer (Required) Ergon		\$
Occupation (Required) Executive	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Mindividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Lee Lampton	9_127_1_10	\$ 500.00
P.O. Box 2401		\$
City, State, Zip Code Jackson, MS 39225	_/_/_	\$
Name of Employer (Required) Engon		\$
Occupation (Required) Executive	Aggregate year-to-date	\$ 500.00
C. Source: Corporation PAC individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Silas McCharen	9 / 30 / 10	\$ 250.00
Mailing Address 169 Olympia Fields Olty, State, Zip Code		\$
Jackson, MS 39211	_/_/_	\$
Daniel Coker Horton & Bell Occupation (Required)		\$
Attorney	Aggregate year-to-date	\$ 250.00
D. Source: ☐ Corporation ☐ PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Percy Stanfield	9/30/10	\$ 1,000.00
405 Tombigbee Street		\$
ity, State, Zip Code Jackson, MS 39201		\$
ame of Employer (Required) Stanfield Hall & Associates	_/_/_	\$
Attorney	Aggregate year-to-date	1,000.00

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Name of Candidate or Committee ___

Committee to Elect Jeff Weill

Reporting period___

7-1-2010

__through ___

9-30-2010

A. Source: Corporation PAC Aindividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Steven Speights	9 / 30 / 10	\$ 500.00
Mailing Address 1412 Belle Glade St.		\$
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Required) MS Gynecologic		\$
Occupation (Required) Physician	Aggregate year-to-date	\$ 500.00
B. Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Lewis Grubbs	9 / 30 / 10	\$ 250.00
Mailing Address 1771 Lelia Drive		\$
City, State, Zip Code Jackson, MS 39216		\$
Name of Employer (Required) Self employed		\$
Occupation (Required) Dentist	Aggregate year-to-date	\$ 250.00
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Mailing Address		s
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee ___

Committee to Elect Jeff Weill

Reporting period 7-1-2010

through __

9-30-2010

ITEMIZED DISBURSEMENTS

A. Full name James Hendrix	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(1110.1, 1111), 1011/	
5106 Old Canton Road	<u>7/12/10</u>	\$ 375.00
City, State, Zip Code	Det W	S
Jackson, MS 39211	_/_/_	**.
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 750.00
B. Full name	Date	Amount of each
Northside Sun Mailing Address	(Mo., Day, Year)	disbursement this period
246 Briarwood Drive	<u>7</u> / <u>30</u> / <u>10</u>	\$ 300.00
City, State, Zip Code		s
Jackson, MS 39236		i.s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 300.00
C. Full name	Date	Amount of each
The Republic Group Malling Address	(Mo., Day, Year)	disbursement this period
210 E. Capitol, Suite 1900	<u>8</u> / <u>5</u> / <u>10</u>	\$ 497.50
City, State, Zip Code	9/ 30/ 10	s 837.43
Jackson, MS 39201	9_/27/_10	2,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 16,266.43
D. Full name	Date	Amount of each
Grant Carraway	(Mo., Day, Year)	disbursement this period
Mailing Address	8 / 18 / 10	\$ 297.50
598 Camdenpark Place City, State, Zip Code		
아이얼리 사용 아이를 사용하는 아이들이 되었다.		\$
Ridgeland, MS 39157 Purpose of Disbursement (Optional)	1000000000	•
The state of the s	Aggregate Year-to-date	s 297.50
E. Full name	Date	
_AmeriMail Digital Direct LLC	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9/ 28/ 10 8_/18/_10	s 149.80
P.O. Box 2174		649.80
City, State, Zip Code	9/ 28/ 10	\$ 6,370.80 1,250.00
Jackson, MS 39225-2174	3, 14, 10	1,230.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 8,420.40
F. Full name Garden Graphics - Geoff Gleason	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		e ·
5405 Marblehead Drive	<u>8</u> / <u>23</u> / <u>10</u>	117. 00
City, State, Zip Code	9 7 10	s 123.50
Jackson, MS 39211	9_/_7_/_10	94.25
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 334.75

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Name of Candidate or Committee Committee to Elect Jeff Weill

Reporting period 7-1-2010 through 9-30-2010

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
Jackson Academy Athletic Booster Club	(Mo., Day, Year)	disbursement this period
c/o Becky Clark, 202 Silas Trace	<u>8 /23 / 10</u>	\$ 300.00
City, State, Zip Code		S
Ridgeland, MS 39157	_''_	3
Purpose of Disbursement (Optional)	Aggregate	S
Advertising	Year-to-date	300.00
B. Full name	Date	Amount of each
Info Group	(Mo., Day, Year)	disbursement this period
Mailing Address	0 / 27/ 40	\$ 2/5 70
5711 South 86th Circle	9_/_27/_10	245.70
City, State, Zip Code	1 1	S
Omaha, NE 68127 Purpose of Disbursement (Optional)		
- ur pose of Dispulsement (Optional)	Aggregate Year-to-date	\$ 245.70
C. Full name	Date	Amount of each
Info USA	(Mo., Day, Year)	disbursement this period
Mailing Address	8 / 30/ 10	\$ 463.61
P.O. Box 3603 City, State, Zip Code	<u></u>	
		S
Onaha, NE 68103-0603 Purpose of Disbursement (Optional)		
- Erect of Distriction (Optional)	Aggregate Year-to-date	s 463.61
D, Full name	Date	Amount of each
Ingram Sign and Screen Printing Malling Address	(Mo., Day, Year)	disbursement this period
	9 /7 / 10	\$ 2,696.40
7605 Hwy 35 South City, State, Zip Code		
Forest, MS 39074	_/_/_	S
Purpose of Disbursement (Optional)		S
	Aggregate Year-to-date	2,696.40
E. Full name	Date	Amount of each
Pickett Printing	(Mo., Day, Year)	disbursement this period
Mailing Address	9_/_7/10	\$ 882.75
P.O. Box 337	<u></u>	002.75
City, State, Zip Code	9 / 16 / 10	\$ 802.50
Raymond, MS 39154 Purpose of Disbursement (Optional)	5 . TO . TO	
	Aggregate Year-to-date	1,685.25
F. Full name	Date	Amount of each
Jeff Pedigo - Ad Agent Mailing Address	(Mo., Day, Year)	disbursement this period
No. of the Control of	9/3/10	\$ 900.00
5378 Jamacia Drive City, State, Zip Code	-2''-	
Jackson, MS 39211	9 /20 / 10	\$ 900.00
Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	\$ 1,800.00

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Name of Candidate or Committee Committee to Elect Jeff Weill

Reporting period 7-1-2010 through 9-30-2010

ITEMIZED DISBURSEMENTS

A Full name Design Solutions	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	(, 22), 1027		
412 Tredwell Drive	<u>9 /24 / 10</u>	\$ 240.75	
City, State, Zip Code	94 V	S	
Madison, MS 39110	_'_'_		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 240.75	
B. Full name	Date	Amount of each	
U.S. Post Office	(Mo., Day, Year)	disbursement this period	
Mailing Address	()	+	
Lefleur Post Office	<u>9</u> / <u>30</u> / <u>10</u>	\$ 1,381.60	
City, State, Zip Code		S	
Jackson, MS 39211			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	3,053.60	
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	_/_/_	S	
City, State, Zip Code	ii	s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		s	
City, State, Zip Code		s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		s	
City, State, Zip Code		s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S	
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	_/_/_	e	
City, State, Zip Code		s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	